

OHIO TRAFFIC CRASH REPORT

OH-1 (Rev. 1-82)

LOCAL REPORT NO. 2015-1967		<input type="checkbox"/> OH-2 <input type="checkbox"/> OH-3		Lebanon Police		0830300		ODHS USE ONLY - 00 NOT MARK ABOVE				LOCAL FILE NO.		
REPORT TAKEN	<input type="checkbox"/> AT STATION <input checked="" type="checkbox"/> AT SCENE	NO OF VEH PEDESTRIANS INVOLVED		CRASH SEVERITY (CHECK MOST SEVERE) <input type="checkbox"/> FATAL <input type="checkbox"/> INJURY <input checked="" type="checkbox"/> PROPERTY DAMAGE ONLY		COMBINED VEH/PROP LOSS <input type="checkbox"/> OVER \$150 <input checked="" type="checkbox"/> UNDER \$150		HIT SKIP <input type="checkbox"/> SOLVED <input type="checkbox"/> UNSOLVED						
IN COUNTY OF WARREN		IN <input checked="" type="checkbox"/> CITY		LEBANON		DATE OF CRASH: DAY 02 10 2015		TIME: MILITARY 1541						
CRASH OCCURRED ON Kroger's parking lot - 1425 Columbus Avenue						WITHIN THE INTERSECTION OF								
IF NOT IN INTERSECTION						(LIST NEAREST INTERSECTING STREET, MILEPOST, HOUSE NO.)				CITY CODE				
LOG-1		LOG-2		LOC JUR FH9 FILT										
A	UNIT NO.	NO OF OCCUPANTS		OPERATING		PARKED		DRIVERLESS		HIT & RUN NON CONTACT			INSURANCE CO OR AGENT	None provided
DRIVER-PEDESTRIAN NAME (LAST, FIRST, MI)						ADDRESS (NO., STREET, CITY, STATE, ZIP CODE)								
Plymire, Patti A						313 E. Main Street Jewett, OH 43986								
PHONE NO.		BIRTH DATE		AGE	SEX	SOCIAL SECURITY NO.		STATE	DRIVER'S LICENSE NO.		OCCUPATION			
513-855-4396		8 20 22		52	F			OH	RN986356					
OWNER (IF SAME AS DRIVER, WRITE SAME)						ADDRESS						PHONE		
Keller, Susan						132 High St. Waynesville, OH 45068								
VEH YR	MAKE	MODEL		COLOR	STYLE	STATE	LICENSE PLATE NO.		TOWING SERVICE		VEH/PED DIR			
2001	Ford	F-150		Green	TR	OH	739XFJ		N/A		FROM TO			
CIRCLE DAMAGE AREAS		9 TOP 10 UNDER CAR 11 LOAD 12 TRAILER		DAMAGE SEVERITY <input type="checkbox"/> NON-FUNCTIONAL <input type="checkbox"/> FUNCTIONAL <input type="checkbox"/> DISABLING		DAMAGE SCALE <input checked="" type="checkbox"/> NONE <input type="checkbox"/> MODERATE <input type="checkbox"/> LIGHT <input type="checkbox"/> HEAVY		VEHICLE DISPOSITION <input checked="" type="checkbox"/> DRIVEN AWAY <input type="checkbox"/> REMAINED AT SCENE <input type="checkbox"/> TOWED		FIRE <input checked="" type="checkbox"/> NO FIRE <input type="checkbox"/> FIRE DUE TO CRASH <input type="checkbox"/> OTHER FIRE				
8	UNIT NO.	NO OF OCCUPANTS		OPERATING		PARKED		DRIVERLESS		HIT & RUN NON-CONTACT		INSURANCE CO. OR AGENT	State Farm	
DRIVER/PEDESTRIAN NAME (LAST, FIRST, MI)						ADDRESS (NO., STREET, CITY, STATE, ZIP CODE)								
Collins, Martha						25 Dryhill Ct. Lebanon, OH 45036								
PHONE NO.		BIRTHDATE		AGE	SEX	SOCIAL SECURITY NO.		STATE	DRIVER'S LICENSE NO.		OCCUPATION			
937-684-6882		7 29 201		53	F			OH	RP169399					
OWNER (IF SAME AS DRIVER, WRITE SAME)						ADDRESS						PHONE		
Collins, Daniel E						Same								
VEH YR	MAKE	MODEL		COLOR	STYLE	STATE	LICENSE PLATE NO.		TOWING SERVICE		VEH/PED DIR			
2007	Jeep	Liberty		Blue	SW	OH	BC46WS		N/A		FROM TO			
CIRCLE DAMAGE AREAS		9 TOP 10 UNDER CAR 11 LOAD 12 TRAILER		DAMAGE SEVERITY <input checked="" type="checkbox"/> NON-FUNCTIONAL <input type="checkbox"/> FUNCTIONAL <input type="checkbox"/> DISABLING		DAMAGE SCALE <input checked="" type="checkbox"/> NONE <input type="checkbox"/> MODERATE <input checked="" type="checkbox"/> LIGHT <input type="checkbox"/> HEAVY		VEHICLE DISPOSITION <input checked="" type="checkbox"/> DRIVEN AWAY <input type="checkbox"/> REMAINED AT SCENE <input type="checkbox"/> TOWED		FIRE <input checked="" type="checkbox"/> NO FIRE <input type="checkbox"/> FIRE DUE TO CRASH <input type="checkbox"/> OTHER FIRE				
C	FROM UNIT NO.	NAME (LAST, FIRST, MI)		BIRTHDATE		AGE	POSITION		INJURIES					
		ADDRESS		PHONE		SEX	A B C D E F		A B C D E F					
D	FROM UNIT NO.	NAME (LAST, FIRST, MI)		BIRTHDATE		AGE	POSITION		INJURIES					
		ADDRESS		PHONE		SEX	A B C D E F		A B C D E F					
E	FROM UNIT NO.	NAME (LAST, FIRST, MI)		BIRTHDATE		AGE	POSITION		INJURIES					
		ADDRESS		PHONE		SEX	A B C D E F		A B C D E F					
F	FROM UNIT NO.	NAME (LAST, FIRST, MI)		BIRTHDATE		AGE	POSITION		INJURIES					
		ADDRESS		PHONE		SEX	A B C D E F		A B C D E F					
A B C		INJURED TAKEN TO		By		A B C D E F		ALCOHOL						
D E F		INJURED TAKEN TO		By		A B C D E F		ALCOHOL						
A B C		OFFENSE CHARGED AND DESCRIPTION		A B C D E F		A B C D E F		ALCOHOL						
O		OFFENSE CHARGED AND DESCRIPTION		A B C D E F		A B C D E F		ALCOHOL						
RECEIVED CALL		DISPATCHED		ARRIVED		CLEARED		OTHER TIME		TOTAL MINUTES				
1541		1544		1551		1607		26		00off				
DATE REPORT FILED		PHOTOS		OFFICER'S NAME		BADGE NO.		CHECKED BY						
2 10 15		<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO		Weithofer		104								
I NOT USED 2 NONE AVAILABLE 3 LAP BELT USED 4 LAP/SHOULDER BELT USED 6 SHOULDER BELT USED 6 CHILD SAFETY SEAT 7 AIR BAG USED 8 USE NOT REPORTED		EJECTION		A B C D E F		A B C D E F		DRUGS						
I NOT EJECTED 2 PARTIAL 3 TOTAL 4 TRAPPED INSIDE VEHICLE		A B C D E F		A B C D E F		A B C D E F		A B C D E F						
I NO ALCOHOL DETECTED 2 HBD ABILITY IMPAIRED 3- HBD ABILITY NOT IMPAIRED 4 HBD ABILITY UNKNOWN		A B C D E F		A B C D E F		A B C D E F		A B C D E F						
I NO DRUGS DETECTED 2 USING PRESCRIBED DRUG 3 USING ILLICIT DRUG		A B C D E F		A B C D E F		A B C D E F		A B C D E F						